

TEQIP-III FSD ACTIVITY FORM

Date:

- a. Faculty Name:.....
- b. Designation:.....
- c. Department:.....
- d. Title of the Program applied
for:.....
- e. Venue &No. days of Training
Program:.....
- f. Mode of Travel if outside:.....
- g. Type of program: (i.e Subject/Pedagogy/Leadership).....
- h. Details of outcome of previous training/activities:
 - i)
 - ii)
- i. HoD Justification:
- j. Strongly recommended/recommended/not recommended:.....
- k. Remarks:
- l. Confirmation: Yes/No

Signatures:

Dean , Academics

Head of the
Department

Dr. D. M. Patel,

FSD Coordinator,
TEQIP III Project

Prof. S. B. Patel,

Nodal Officer Finance,
TEQIP III Project